

Foster Family Home - Corrective Action Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

98-881 Illee Street

Aiea HI 96701

Review ID: 1-511643-6

Reviewer: Julie Hastings

Begin Date: 3/10/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 4/10/2020.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)
CG#1 APS/CAN lapsed. Was last done 8/23/2017. Was due on or before 8/23/2019. No current APS/CAN on record.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)
CG#1 TB lapsed. Was done 10/1/2018. Was due on or before 10/1/2019. No current TB on record.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire
Only Jan, Feb, Mar 2019 Fire drills completed for 2019. Fire drills are to be conducted monthly.

(3P)(b)(6) Fire
No Fire drill led m=by CG#3 in 2019. All Caregivers must lead at least one fire drill per year.

Foster Family Home - Corrective Action Report

Foster Family Home Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1)

No order for restraint for Client #1

Foster Family Home Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)

The gate to the home is locked by a key with doghouse blocking the entrance, There are several dogs present, no doorbell on gate. No way for quick entry into the home by state investigators, or safe exit in case of emergency.

Foster Family Home Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)

2019 budget is incomplete only entries for Jan-Mar 2019 documented.

Foster Family Home Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)

Client #1 does not have [REDACTED] listed on service plan.

Client #2 service plan is not current. Last date is 2/27/2018. Service plans must be updated every 6 months.

Julie A. Hartwig BSN, RN
Compliance Manager

Robert D. Skoffel
Primary Care Giver

3/10/2020
Date

3/10/2020
Date

RECEIVED 01/30/2020 07:06AM

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Loreen Troxel

CCFFH Address: 98-881 Ilee Street Aiea HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a2	CG #1 get new APS/CAN *Lapsed cannot be corrected		Calendar reminder for 2 months prior to expiration.
41b7	CG #1 Get new TB clearance *Lapsed cannot be corrected	3/16/20	Calendar reminder 1 month before the Expiration.
3Pb1	we did the Fire Drill every Month corrected Missing. *Fire shall be conducted monthly	3/12/20	Calendar reminder every month before expiration
3Pb6	SCG included to do the drill * Fire, SCG at least once per year lapse cannot be corrected.	3/12/20	Calendar reminder and noted before due date.
3Pb1	PCG, SCG Performed the Fire Drill that are missings for the 2019 and completed until March 2020. * Fire, needs to complete the missing months and conducted and completed.	3/12/20	Calendar Reminder needed every month.

Primary Caregiver's Signature: John D. Troxel

Print Name: Loreen D. Troxel

Date of Signature: 3/31/20

RECEIVED 01/30/2020 07:06AM

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name:

CCFFH Address:

Loreen Troxel

98-881 ilee street Area HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
3Pt6	did performed Fire drill for CG #3 * All CG's must lead at least one fire drill per year.	12/5/19	need calendar reminder for every month drill.
47d1	Obtain an order for [redacted] for Client #1 [redacted] from PCP. *No Order [redacted]	3/17/20	Need Calendar reminder before renewal. - All clients needing [redacted] will have an order.
50e	Installed portable door bell outside th gate and Dog House removed. * Gate Locked and Dog House blocking the gate.	3/10/20	Need to be assertive and Aware. - gate will be accessible
52b	completed the budget start on April to Dec.2019 to Jan. 2020 to March 2020 *Budget Entries	3/10/20	Need to be assertive and need Calendar reminder on every Month.
54C2	Client #1 Gathered and Obtained order for [redacted] from the PCP.	3/17/20	Need a calendar reminder or need to remind the the RN visiting every month.

Primary Caregiver's Signature:

Loreen D. Troxel

Print Name:

Loreen D. Troxel

Date of Signature:

3/31/20

RECEIVED 01/30/2020 07:06AM

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Loreen Troxel
CCFFH Address: 98-881 Mile Street Area HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54C2	*Does not have [REDACTED] Order. in on service Plan. Client #2 Obtained and completed a recent Service Plan. * Service Plan is not Current	3/17/20 3/15/20	Need Calendar reminder or need to remind RN that visiting every Month.

Primary Caregiver's Signature: Loreen D. Troxel

Print Name: Loreen D. Troxel

Date of Signature: 3/31/2020